

**Fill in this information to identify the case:**

Debtor 1      Gloria      Jean      Ruiz  
First Name      Middle Name      Last Name

Debtor 2  
(Spouse, if filing) First Name      Middle Name      Last Name

United States Bankruptcy Court for the Middle District of Pennsylvania  
Case number: 02-00913

FILED      Wilkes-Barre, PA.  
October 25, 2021  
Clerk, U.S. Bankruptcy Court

**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: \$18,768.68

Claimant's Name: Ashley Duran

Claimant's Current Mailing Address, Telephone Number, and Email Address: 713 5th St Apt 202  
West Sacramento CA 95605

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

#### 4. Notice to United States Attorney



Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
Middle District of Pennsylvania  
William J Nealon Federal Bldg & Courthouse  
235 N Washington Ave, Ste 311  
Scranton, PA 18503

#### 5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 10/20/2021



Signature of Applicant

Ashley Duran

Printed Name of Applicant

Address: 713 5th St Apt 202  
West Sacramento CA  
95605

Telephone: 916-730-5481

Email: admin@makeithappenenterprise.com

#### 5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 6. Notarization

STATE OF California

COUNTY OF Sacramento

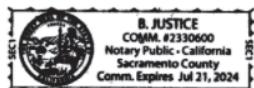
This Application for Unclaimed Funds, dated 10/20/2021 was subscribed and sworn to before me this 20 day of October, 2021 by

Ashley Jenae Duran

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public



My commission expires:

07/21/2024

#### 6. Notarization

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:

## CERTIFICATE OF SERVICE

I hereby certify that I have this day served a true copy of the foregoing document form 1340 (12/19) upon the participants, listed below, in accordance with the requirements pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
Middle District of Pennsylvania  
William J Nealon Federal Bldg & Courthouse  
235 N Washington Ave, Ste 311  
Scranton, PA 18503

Dated this 25th day of October, 2021.

10/25/2021  
(Date)

  
(Signature)

**Assignment Of Rights To Claim Unclaimed Funds From  
The United States Bankruptcy Court Middle District Of Pennsylvania**

For valuable consideration, I Gloria Jean Ruiz, the undersigned assignor hereby; grant Ashley Jenae Duran, assignee, all rights, title, and interest to collect 100% of the unclaimed funds in which I am entitled to associated with case number #02-00913 of The United States Bankruptcy Court Middle District Of Pennsylvania.

As the assignor I understand the total amount eligible for distribution is \$\$18,768.68 and as the party of interest I am entitled to that amount. Furthermore it is also understood that I have the right to file this claim on my own behalf directly to The United States Bankruptcy Court Middle District Of Pennsylvania at no cost.

Dated this 10th day of October 2021

*Gloria Jean Ruiz*

\_\_\_\_\_  
Assignor Signature

**ACKNOWLEDGMENT**

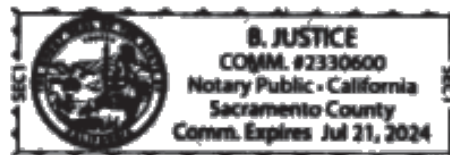
State of California ;  
County of Sacramento ;

On October 10th 21, 2021, before me, B Justice, a notary public in and for the State of California, personally appeared Gloria Jean Ruiz, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument and acknowledged to that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under the PENALTY OF PERJURY under the laws of the State of California; that the foregoing paragraph is true and correct.

WITNESS my hand and official seal:

Signature: *B Justice* (SEAL)



**From:** [web@pamb.uscourts.gov](mailto:web@pamb.uscourts.gov) on behalf of [PAMB Web](#)  
**To:** [PAMBml\\_fax](#)  
**Subject:** EDSS filing from Ashley Duran for Gloria Ruiz on Monday, October 25, 2021 - 06:19  
**Date:** Monday, October 25, 2021 6:19:21 AM

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Submitted on Monday, October 25, 2021 - 06:19

Submitted by user: Anonymous

Submitted values are:

Filer's Name: Ashley Duran

Debtor's name (if different): Gloria Ruiz

Filer's EMail Address: [admin@makeithappenenterprise.com](mailto:admin@makeithappenenterprise.com)

Filer's Phone Number: 9167305481

Case number (if known): 02-00913

==Documents==

Document 1:

[http://www.pamb.uscourts.gov/system/files/webform/edss/Form\\_1340\\_application\\_unclaimed\\_funds%20%282%29.pdf](http://www.pamb.uscourts.gov/system/files/webform/edss/Form_1340_application_unclaimed_funds%20%282%29.pdf)

Document description: Application For Unclaimed Bankruptcy Funds

==More Documents==

Document 2:

[http://www.pamb.uscourts.gov/system/files/webform/edss/main\\_certificate-service-pennsylvania%20%282%29.pdf](http://www.pamb.uscourts.gov/system/files/webform/edss/main_certificate-service-pennsylvania%20%282%29.pdf)

Document 2 description: certificate of service

Document 3:

<http://www.pamb.uscourts.gov/system/files/webform/edss/printed%20overages%20assignment%20of%20rights%20to%20claim%20excess%20%282%29.pdf>

Document 3 description: assignment form

Document 4:

<http://www.pamb.uscourts.gov/system/files/webform/edss/Gallery.pdf>

Document 4 description: DL Copy

Document 5:

Document 5 description:

By entering my name in the box below, I affirm that I am intending to sign this form with my signature and consent to use this electronic form.: ashley duran